

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Akinori MASAMURA et al.

Application No.: New U.S. National Stage of
PCT/JP2004/016246

Filed: April 18, 2006

Docket No.: 127740

For: DIAPHRAGM VALVE

**TRANSMITTAL OF POWER OF ATTORNEY AND
STATEMENT UNDER 37 CFR § 3.73(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is a Power of Attorney from the Assignee.

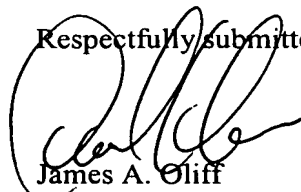
In compliance with 37 CFR §3.73(b), the undersigned hereby states that CKD CORPORATION is the assignee of the entire right, title and interest in the patent application identified above by virtue of an assignment from the inventors of the patent application identified above. A copy of the assignment is attached hereto and is concurrently being submitted for recordation.

The undersigned is authorized to act on behalf of the assignee.

In accordance with 37 CFR §1.36(a), submission of this Power of Attorney revokes any powers of attorney previously given.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD
BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944, TELEPHONE
(703) 836-6400.**

Respectfully submitted,



James A. Oliff

Registration No. 27,075

Daniel A. Tanner, III

Registration No. 54,734

JAO:DAT/jrb

Date: April 18, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
米国特許商標庁において

GENERAL POWER OF ATTORNEY
包括委任状

Japanese Language General Power of Attorney

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Owner Name/所有者名 CKD CORPORATION

上記所有者は、上記所有者が全てもしくは一部を所有する、この一般委任状が提出される如何なる及び全ての特許および特許出願、かつその全ての継続出願および分割出願を遂行するために、かつ米国特許商標庁において全ての業務を執行するために、記録上の弁護士として、Oliff & Berridge, PLC 顧客番号 25944 と関連した特許執行者をここに任命する。

hereby appoints the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute any and all patents and patent applications in which this General Power of Attorney is filed, and all continuations and divisions thereof, owned in whole or in part by the above-named owner, and to transact all business in the Patent and Trademark Office.

下記署名者は、所有者として、もしくは所有者の代理として、この書類を履行する権限を有する。

The undersigned is authorized to execute this document as or on behalf of the owner.

すべての連絡事項は、Oliff & Berridge, PLC、顧客番号 25944、電話番号(703) 836-6400 に送付すること。

ALL CORRESPONDENCE SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.

November 4, 2005
Date/日付

Masanori Ishida
Signature/署名

Masanori ISHIDA

Typed Name/タイプライターによる氏名

Title/役職名: Representative Director
(if acting on behalf of an Owner)
(所有者の代理を務める場合)

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: DIAPHRAGM VALVE

described and claimed in international application number PCT/JP2004/016246 filed on 02/Nov./2004

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

2003-378210 filed in Japan on 07/Nov./2003

2004-127985 filed in Japan on 23/Apr./2004

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	<u>Akinori</u>			<u>MASAMURA</u>
		Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	<u>Akinori</u>			<u>MASAMURA</u>
3	Date of Signature:	<u>April 12, 2006</u>			
		Month	Day	Year	
	Residence:	<u>Komaki-shi</u>	<u>Aichi-ken</u>	<u>Japan</u>	
		City	State or Province	Country	
	Citizenship:	<u>Japanese</u>			
	Post Office Address:	<u>c/o CKD CORPORATION</u>			
	(Insert complete mailing address, including country)	<u>250, Ouji 2-chome, Komaki-shi, Aichi 485-8551 Japan</u>			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1 *Typewritten Full Name
of Joint Inventor*

Norikazu

TSUJI

Given Name

Middle Initial

Family Name

2 Inventor's Signature:

Norikazu

TSUJI

3 Date of Signature:

April 12, 2006

Month

Day

Year

Residence:

Komaki-shi

Aichi-ken

Japan

City

State or Province

Country

Citizenship:

Japanese

Post Office Address:

c/o CKD CORPORATION

(Insert complete mailing
address, including country)

250, Uji 2-chome, Komaki-shi,
Aichi 485-8551 Japan

1 *Typewritten Full Name
of Joint Inventor*

Given Name

Middle Initial

Family Name

2 Inventor's Signature:

3 Date of Signature:

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

1 *Typewritten Full Name
of Joint Inventor*

Given Name

Middle Initial

Family Name

2 Inventor's Signature:

3 Date of Signature:

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.